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FACSIMILE TRANSMISSION COVER SHEET

Date: January 3, 2005

To: United States Patent and Trademark Office
Examiner: Wojciechowicz, Edward J.; Art Unit: 2815

Fax: (703) 872-9306

Re: **Application Serial No.: 09/904,042**
Filing Date: 7/11/2001; First Named Inventor: Han, K. Michael
Attorney Docket No.: 0180129

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 17

Message:

Enclosed please find the Amendment and Response to the Non-Final Office Action dated October 7, 2004.

Thank you.

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Attorney Docket No.: 0180129

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Han, K. MichaelSERIAL NO.: 09/904,042 FILED: July 11, 2001FOR: Recessed Tunnel Oxide Profile for Improved Reliability in NAND DevicesHONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

No additional fee is required.
 The fee has been calculated as shown below:

<input type="checkbox"/> EXTENSION FEE	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$
SECOND MONTH AFTER TIME PERIOD SET	450.00	225.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,020.00	510.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,590.00	795.00	\$

TOTAL EXTENSION FEE \$ 0.00
 FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	10	MINUS **20	* = 0	x 50	x 25	\$
INDEPENDENT	2	MINUS ***3	* = 0	x 200	x 100	\$

First presentation of multiple dependent claim

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
 ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
 *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 0180129

Total fee for Supplemental Information Disclosure Statement \$

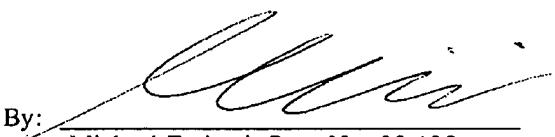
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The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 1/3/05

By:


Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

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Name of Person Performing Facsimile Transmission

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Attorney Docket No.: 0180129

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TOTAL CLAIMS	10	MINUS **20	* = 0	x 50	x 25	\$
INDEPENDENT	2	MINUS ***3	* = 0	x 200	x 100	\$
First presentation of multiple dependent claim				+ 360	+ 180	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

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 ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
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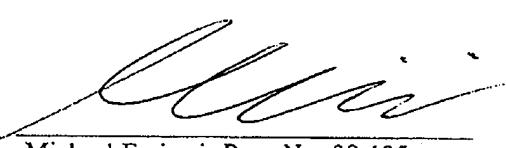
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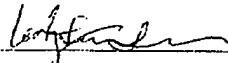
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